

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835190

Entity Name: TRIPLE M. ROOFING CORP.**Current Principal Place of Business:**914 NW 19 AVE
FT LAUDERDALE, FL 33311**Current Mailing Address:**914 NW 19 AVE
FT LAUDERDALE, FL 33311 US**FEI Number:** 11-1986288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILANESE, RICHARD
914 NW 19TH AVENUE
FORT LAUDERDALE, FL 33311 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | PRESIDENT |
| Name | MILANESE, THOMAS |
| Address | 20793 SNUG CREEK COURT |
| City-State-Zip: | BOCA RATON FL 33498 |

| | |
|-----------------|-----------------------------|
| Title | T |
| Name | MILANESE, PATRICIA |
| Address | 320 CHARROUX DR. |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|-----------------------------|
| Title | OWNER |
| Name | MILANESE, RICHARD |
| Address | 320 CHARROUX DR. |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | JEFFREY MILANESE |
| Address | 914 NW 19 AVE |
| City-State-Zip: | FT LAUDERDALE FL 33311 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA S SHURAK**CONTRACTS MANAGER****04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date